

NEW APPLICATION TRANSMITTAL FORM

To the Assistant Commissioner for Patents:

This is a Request for filing a non-provisional patent application under 37 CFR 1.53(b) entitled **METHODS AND COMPOSITIONS FOR TREATMENT OF OCULAR NEOVASCULARIZATION AND NEURAL INJURY** by the following named inventors:

1	Full Name of Inventor	Last Name: Burke	First Name: A.	Middle Name: James	
	Residence and Citizenship	City: Santa Ana	State or Foreign Country: California	Country Of Citizenship: USA	
	Post Office Address	Post Office Address: 2409 East Avalon Avenue	City: Santa Ana	State or Country: California	Zip Code: 92705
2	Full Name of Inventor	Last Name: Lin	First Name: Ton	Middle Name:	
	Residence and Citizenship	City: Irvine	State or Foreign Country: California	Country Of Citizenship: USA	
	Post Office Address	Post Office Address: 2 Flagstone-#936	City: Irvine	State or Country: California	Zip Code: 92606
3	Full Name of Inventor	Last Name: Wheeler	First Name: Larry	Middle Name: A.	
	Residence and Citizenship	City: Irvine	State or Foreign Country: California	Country Of Citizenship: USA	
	Post Office Address	Post Office Address: 18 Valley View	City: Irvine	State or Country: California	Zip Code: 92715
4	Full Name of Inventor	Last Name: DeVries	First Name: Gerald	Middle Name: W.	
	Residence and Citizenship	City: Laguna Hills	State or Foreign Country: California	Country Of Citizenship: USA	
	Post Office Address	Post Office Address: 25142 Bautista Drive	City: Laguna Hills	State or Country: California	Zip Code: 92653

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(x) Enclosed is a specification of 29 pages.

Oath or Declaration

() Enclosed is an executed oath or declaration.

(x) Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$740	\$740.00
Total Claims	25 minus 20	=	5× \$ 18	\$ 90.00
Independent Claims	1 minus 3 =	0	× \$ 84	\$.00
If application contains any multiple dependent claims, then add \$280.00				\$.00
TOTAL FILING FEE				\$830.00

(X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.

() A copy of an assignment bestowing all interest in this application to Allergan, Inc is enclosed.

(x) New drawings are enclosed in 2 sheets.

() A Statement Pursuant to 37 CFR 1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.

() A Statement Pursuant to 37 CFR § 1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.

() A properly labeled computer readable form of the Sequence Listing accompanies this Application.

(X) The Power of Attorney in this application is to Carlos A. Fisher, Registration Number 36,510.

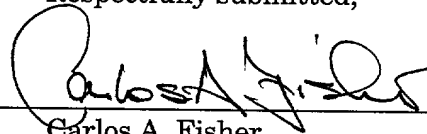
- (X) The Power of Attorney appears in the combined Declaration and Power of Attorney, filed herewith.
- () A copy of the Request for Extension of Time filed in the prior application is enclosed.

Please address all future communications to:

Carlos A. Fisher
Registration No. 36,510
ALLERGAN, INC.
T2-7H
2525 Dupont Drive
Irvine, CA 92612
Tel: 714-246-4920
Fax: 714-246-4249

Date: 11/1/01

Respectfully submitted,



Carlos A. Fisher
Registration No. 36,510
Attorney of Record

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this paper and any documents referred to as enclosed or attached are being deposited with the United States Postal Service on this date in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EL897831734US addressed to:

Commissioner of Patents
Washington, D.C. 20231
Box: Patent Application

on 11/1/01
Date

Bonnie Ferguson

Signature of Person Making Deposit

Bonnie Ferguson
Printed Name of Person Making Deposit

Applicant: Wheeler et al

Title: METHOD AND COMPOSITIONS FOR TREATMENT OF OCULAR
NEOVASCULARIZATION AND NEURAL INJURY
Allergan Docket: 17400CIP(BAR)

Enclosed Are:

Certification Under 37 CFR 1.10 (Express Mail Label No.
EL897831734US

1. POSTCARD
2. CERTIFICATE OF MAILING BY EXPRESS MAIL
3. TRANSMITTAL LETTER IN DUPLICATE
4. SPECIFICATION (24 PAGES); CLAIMS (4 PAGES); ABSTRACT (1 PAGE)
5. DRAWINGS (2 PAGES)
6. DECLARATION/POWER OF ATTORNEY

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